

*An Investigation of HIV/
AIDS Prevention Program
Targeted to Unique Popu-
lation Groups in Bangkok:
A Preliminary Report.*

by

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The purpose of the present paper is to present preliminary results from our investigation of organizational communication strategies employed by community-based HIV/AIDS outreach programs in Bangkok, Thailand that target unique population groups. A unique population consists of a set of (1) extremely homophilous individuals who (2) become bonded together in order to cope with the ostracism and criticism that they receive from society at large concerning their values and beliefs (Dearing, 1992). Such groups (for example commercial sex workers and members of minority groups) can act as powerful agents for, or against change by choosing either to amplify or attenuate communication messages (Renn,

1981).

This study was designed to increase knowledge concerning: (1) policy lessons that can help improve the theoretical basis of launching HIV/AIDS prevention campaigns in Thailand, and (2) better apply diffusion of innovations and social marketing theories in reaching unique population groups at high-risk for HIV/AIDS in Thailand and elsewhere.

The AIDS Pandemic in Thailand

Of the estimated 16 million HIV infections in the world, in 1994, 3 million are in South and Southeast Asia, with the highest rate of infection being in India and Thailand (AIDSCAP, 1995; AIDSCAP, 1994a, 1994b). The AIDS epidemic in Thailand is still young (Brown & Xenos, 1994; Sittitrai & Brown, 1994); however, only six years into the epidemic, nationwide infection rates have already approached 2 percent of the reproductive-age population, a faster growth rate than that seen in sub-Saharan Africa (AIDSCAP, 1995; Brown & Xenos, 1994; Bhatiasevi, 1995). In Thailand, HIV has been detected in every province, and is spreading most rapidly among low-income populations (Bhatiasevi, 1995; AIDSCAP 1994a). The primary mode of transmission of HIV in Thailand is through heterosexual contact, although other modes of transmission are also to be found.

There are several possible explanations for the rapid spread of HIV among the Thai population. Thai sexual behavior is closely related to indigenous cultural values and beliefs. The prevalent fatalistic worldview makes people believe that HIV infection is pre-determined by supernatural forces rather than a failure to use safe-sex practices (Ford & Koetsawang, 1991; Fordham, 1993; Mulder, 1990).

Commercial sex and polygamy have also long been intrinsic to the Thai way of life (Kanato & Rujkorakarn, 1994; Klausner, 1993). Extra-marital affairs are frowned upon for women, but not for men (Ford & Koetsawang, 1991; Waller, 1992); indeed, Thai men are traditionally expected to be sexually experienced before marriage. Many males first

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experience sex with a commercial sex worker (CSW) (Kanato & Rujkorakarn, 1994; Nopeskorn et. al, 1991). This expectation of male pre-marital and extramarital sex reflects traditional Thai attitudes toward male and female sexuality (Carl, 1995).

Bangkok is known as the "sex capital of the world" due to its commercial sex industry. More than 1000 sex-related businesses operate in the city, employing at least 200,000 men and women. Not surprisingly, the rapid increase in HIV/AIDS within Thailand is attributed to a dramatic rise in HIV infections among the country's CSW (Wawer, Phodista, Kanungsukkasem, Pramualratana, & Mchamara, 1994; Stier, 1993, Havanon, Bennett, & Knodel, 1992).

The Role of Theory in Communicating HIV/AIDS Prevention Messages

The grave future prospects of the AIDS pandemic in Thailand calls for programs based upon effective theories of behavioral change that can target and influence groups at high risk for HIV/AIDS. In Thailand these groups tend to be migratory, low-income workers, for example, commercial sex workers, male motorcycle taxi drivers, fishermen, low-income factory workers, slum dwellers, and others.

Diffusion of innovations (Rogers, 1995) and social marketing (Kotler and Roberto, 1989) are two theories that often have been applied to address social change problems in various developing countries. Diffusion is the process by which an innovation is communicated through certain channels over time among members of a social system (Dearing, 1992) and is a special type of communication in that the messages are concerned with new ideas (Rogers, 1995).

Social marketing is a type of social-change management technology that involves the design, implementation and management of programs aimed at increasing the acceptability of social ideas or practices in one or more groups of target adopters (Kotler &

Roberto, 1989). Among other issues, social marketing theory emphasizes the importance of segmenting the target population because each audience segment has specific sets of beliefs, attitudes, and values (Lefebvre & Flora, 1988).

During the past two decades, public health communication campaigns have often utilized elements of diffusion of innovations theory and social

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condom distribution to motorcycle taxi drivers, Courtesy of Peer Svenerud
mixed" results, since neither diffusion of innovations theory nor social marketing theory were conceptualized for specific applications to unique population groups. Further, the expansion of health promotion/education activities from those that focus primarily on individuals and small groups to those that target whole communities, segments of society, or entire populations has brought with it the realization that traditional methods or theoretical approaches, such as diffusion of innovations and social marketing, may not be as applicable or effective in these larger contexts (Lefebvre & Flora, 1988).

Even though it is clear that both diffusion of innovations and social marketing theories have great utility in the planning and utilization of a pro-social campaign, one must be cautious in applying these theories uncritically to target unique audience segments. Elements such as a careful evaluation and description of social demographics, the conduction of pre-test measures to understand the behavior, the utilization and implementation of influence groups that are perceived as "similar" by

the targeted populations, the relevancy of the innovation to the target individuals, opinion leaders and the importance of communication networks, together with the personal traits and activities of outreach workers, may be particularly important when targeting audience segments.

Method and Data Collection

The method and data-collection activities were arranged and conducted in the following sequence of steps:

1. *Determination of organizations providing any AIDS related service in Bangkok.* A combination of four mailing lists identified 84 organizations that provided HIV/AIDS outreach services to the Bangkok population. All 84 organizations were contacted. For inclusion in the study, organizations had to (1) provide a direct service to the Bangkok population; (2) engage in HIV prevention education; and (3) operate for more than a year. Twenty-eight organizations running 55 HIV/AIDS outreach programs met these criteria.
2. *Determination of uniqueness score for each targeted program.* Program uniqueness was determined using 14 factors associated with the audiences targeted by each program. Usually the more risk factors for HIV/AIDS, the more unique the program. The ten programs that possessed more than four uniqueness indicators in their targeting efforts were selected for further analysis.
3. *Determining program effectiveness.* Effectiveness of the ten most unique programs was determined by assessing eleven objective indicators, as outlined by Dearing (1992). These indicators were modified to respond to the Thai context. The programs received a score reflecting their relative quartile ranking.
4. *Data-collection about programmatic strategies.* Through interviews with the program managers for the ten most unique programs, we examined which outreach strategies were used by the program staff in carrying out their HIV prevention programs, and whether or not these strategies included explicit or implicit use of elements of the diffusion of innovations theory or social marketing theory.

5. *Content analysis.* The interviews were translated into English, transcribed, and content-analyzed by two blinded, and two non-blinded coders to identify implicit or explicit incorporation of diffusion of innovations and social marketing concepts.

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6. *Cases studies.* An in-depth case study of the most and least effective program (of the 10 most unique programs selected in step 2) was conducted to enable a contextual interpretation of perspectives concerning effective program strategies.

All data-collection instruments in this investigation were pre-tested and revised several times before implementation.

Lessons Learned

Conceptual Lessons:

1. Barring some exceptions, outreach programs engaged in HIV/AIDS information dissemination in Bangkok did little targeting to unique population groups. The mean uniqueness score across program (N=55) was 1.8, indicating that, on average, outreach programs considered few (less than two) behavioral or non-behavioral characteristics in specifying their target audience for HIV/AIDS prevention. Most programs seemed to target wide, undifferentiated audiences (signifying width), rather than a unique and specific audience (signifying depth). This untargeted outreach approach may account for the relative indiscriminate spread of HIV/AIDS within the Thai population. Given the distinctly unique characteristics of high-risk groups in Bangkok, one would have expected a larger number of programs with more specific target groups.

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2. Outreach programs that do target very unique audience segments do not seem to base their programmatic strategies on any particular theoretical model. However, certain characteristics of diffusion of innovations and social marketing models were identified as being important by program managers of outreach efforts targeted to unique population groups. These included:

a. The use of *audience segmentation*, the identifica-



AIDS/HIV Prevention sign in Bangkok, Courtesy of Peer Svenkerud

targeting their efforts toward unique high-risk groups.

b. The use of a variety of *communication channels*, the means of message transmission was considered important by all ten unique programs.

c. The use of *program development strategies*, that is, the design of a social product considering principles of social marketing, was considered as important by all unique programs.

d. The use of *opinion leaders*, people who are respected among peers for their knowledge and influence, was highly valued by unique programs, especially the more effective ones.

e. Effective, unique programs, exploited *homophily* more as a means of reaching their audience.

Homophily is the extent to which two people who communicate consider themselves as similar on certain attributes (Rogers, 1995).

f. *Innovation-decision processes* (a conscious

tion of one or more homogeneous sub-audiences from a heterogeneous population, was considered important by all programs

evaluation of the over-time sequence through which a target audience member passes from awareness to implementation of the messages) are more closely monitored by the more effective unique programs than the less effective programs.

Methodological and Policy Lessons:

1. Thai culture values interpersonal relationships. For this reason, field research in Thailand requires the development of a close relationship between the researchers and their co-researchers before questions are asked and surveys administered. This relationship building process is a necessary element during the initial contact phase, and is especially important in researching unique populations at high-risk for HIV/AIDS. The unique populations examined in this study were often organized as tightly-knit networks. In order to reach them, outreach workers must develop a relationship of mutual trust and knowledge with both outreach

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workers and their organizations, before they can adequately approach the populations at risk.

2. A challenge facing Western researchers in Thailand is the need to translate Western research instruments culturally as well as linguistically. What constitutes "uniqueness" and "effectiveness" in the Western sense, may have a somewhat different meaning in the Thai context. Hence, at every step of research there is a vital need for pre-testing and revision of the various research instruments.

3. Lessons of a more practical nature in conducting research in the Thai context were also learned. Along with the imperative to conduct research in the local language, to have access to such seemingly simple services as adequate telephone line,

updated telephone directories, etc. can be problematic. Problems related to Bangkok traffic necessitates an adequate scheduling of appointments, etc.

4. Some preliminary lessons learned from this study can have policy implications. Thailand is a country in the midst of major social restructuring. Since Thai policy-making often has been implemented in a top-down fashion, policy efforts are often ignored at the local level. To reverse this trend is especially important when targeting highly unique population groups at high-risk for HIV/AIDS. Worksite managers, construction site supervisors, motorcycle taxi leaders, etc. often fail to see the relevance of AIDS prevention of their workers, who often represent transitory populations. High mobility contributes to inadequate formation of trust among members of these groups. This can indicate a need for policies and HIV/AIDS prevention programs that must seek to bind people at the local level together, so that efforts to disseminate preventive messages have a greater chance of success.

Conclusions

Based upon this preliminary analysis, it is clear that most HIV/AIDS prevention organizations in Bangkok do little to target unique populations. Indeed, most programs seem to target large, undifferentiated audiences. Furthermore, programs that do target highly unique populations do not seem to rely on any particular theoretical model in their programming efforts. All highly unique programs in the study tend to use audience segmentation, a variety of communication channels, and program development in the operation of their programs. Highly unique programs that were rated more effective, utilize opinion leadership, homophily, and elements of the innovation-decision process to a greater extent than programs considered less effective.

Researchers must be sensitive to several issues related to cultural values in implementing and executing research in order to elicit reliable information about HIV/AIDS risk behavior in the Thai context. Finally, elements related to the importance

of enhancing policy-making at the local level need to be considered due to a lack of community structure and the transitory nature of high-risk groups.

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